



COMDTINST 6010.16A

4 DEC 1991

COMMANDANT INSTRUCTION 6010.16A

Subj: Health Care Third Party Claims Recovery

Ref: (a) COMDTINST M5890.9 (series), Coast Guard Claims and Litigation Manual

1. PURPOSE. This instruction prescribes revised reporting procedures for potential third party liability claims involving recovery of health care funds. The Report of Potential Third Party Liability, CG-4899, is also revised. Intended users of this directive are all Coast Guard health care beneficiaries.
2. DIRECTIVES AFFECTED. Commandant Instruction 6010.16, Medical Care Third Party Claims Recovery, is canceled.
3. DISCUSSION. As authorized by reference (a), Commandant (G-K) is the central manager for third party liability claims involving recovery of health care funds. The Federal Medical Care Recovery Act (FMCRA) and Title 10, U.S. Code, Section 1095, permit the recovery of the Government's cost of health care provided for an injury or disease that is:
  - a. caused by an accident;
  - b. the fault of someone other than the injured party;
  - c. covered by workers' compensation; or
  - d. covered by another (first payer) insurance policy, including "no-fault", uninsured motorist insurance, or other medical payments.

4. DEFINITIONS.

- a. Beneficiary: Includes all active duty and retired personnel, and their dependents, eligible for medical care at the expense of the Federal government. Beneficiaries also include Coast Guard reserve personnel on active duty for training or inactive duty training, and Coast Guard Auxiliary personnel performing duty or traveling under official government orders.
- b. Third Party: The term Third Party describes any person or organization deemed liable, due to a negligent or intentional act, for the cost of medical or dental care provided to a beneficiary.
- c. Third Party Liability Claim: This is the action initiated by the Coast Guard to recover from a third party the cost of certain medical or dental care. A third party liability claim may be initiated when an incident involves inpatient or outpatient medical/dental treatment of a beneficiary at Government expense (or at a Federal facility) for an injury, illness, or disease that either:
  - (1) may have been caused by the negligent or intentional act or omission of a third party; or
  - (2) may be covered by an insurer with or without regard to fault, for example, workers' compensation, "no fault" insurance, or another health care policy that is the primary payer, such as a Health Maintenance Organization.
- d. Settlement Authority: Refers to a person authorized to settle a claim. Reference (a) designates Commandant (G-L) as the settlement authority for third party liability claims involving recovery of health care funds for the Coast Guard.

5. EXAMPLES. The following are practical examples of situations with potential third party liability claims:

- a. A service member and the member's dependent are injured in a car accident caused by another driver. The member is treated at a military health care facility, and the dependent, treated by a civilian provider, files a CHAMPUS claim. The Federal government should assert a third party liability claim for the cost of medical/dental services rendered at the military facility, and for the Federal government's share of the CHAMPUS payment made to the civilian provider.

- b. A retired member working at a construction site contracts a work-related disease on the job and is treated at a military health care facility. The disease is covered by the company's workers' compensation insurance. The Federal government should assert a third party liability claim for the health care rendered.
6. GUIDELINES. Under the FMCRA, the Coast Guard should collect the cost of health care provided to any eligible beneficiary from the appropriate insurance carrier or negligent third party. Eligible beneficiaries will not be required to pay the Government for the cost of health care from Coast Guard facilities unless the beneficiary is reimbursed by the insurance carrier for the cost of such care. The Report of Potential Third Party Liability, CG-4899 (10-91) has been modified to help gather the information necessary to process potential third party liability claims. Form CG-4899 (4-90) is superseded and shall not be used. Methods for identifying third party liability claims include, but are not limited to, review of the following records/reports:
- a. clinical record entries, such as sick-call, dental, pharmacy and physical therapy visits;
  - b. patient records upon return from Uniformed Services Military Treatment Facilities, Uniformed Services Treatment Facilities, and civilian health care facilities or providers;
  - c. binnacle lists;
  - d. casualty reports;
  - e. mishap reports;
  - f. Coast Guard Injury Reports, (form CG-3822);
  - g. unit logs;
  - h. health benefits advisor contacts;
  - i. administrative messages;
  - j. medical bills presented for payment;
  - k. telephone contacts;
  - l. duty status chits; or
  - m. notification by member or next of kin.

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7. RESPONSIBILITIES. Commanders of maintenance and logistics commands, district commanders, unit commanding officers, and all health services and safety personnel shall ensure that all incidents involving potential third party liability they are cognizant of are reported.
  - a. Commanders of Maintenance and Logistics Commands (k) shall review all nonfederal health care bills and Nonfederal Health Care Certification Forms (CG-5534) for incidents of potential third party liability. Forward applicable copies of nonfederal medical bills to Commandant (G-KRM-1).
  - b. Unit commanding officers shall ensure that beneficiaries at their units submit an original Report of Potential Third Party Liability, CG-4899 (10-91), directly to Commandant (G-KRM-1) on all incidents of potential third party liability. A copy of the CG-4899 (10-91) shall also be forwarded to the appropriate MLC (k) with all nonfederal medical bills for care associated with an accident or injury. Failure to submit this report may result in nonpayment of any health care bills associated with an incident involving potential third party liability.
  - c. Health Services personnel at Coast Guard treatment facilities shall identify third party liability incidents through the Clinic Automated Management System (CLAMS). Check the appropriate Third Party box on the Status-Profile, CG-5460A, or Visit Profile, CG-5460B, forms at the time of treatment, and ensure that data base entries are completed.
8. ACTION. Area and district commanders, commanders of maintenance and logistics commands, unit commanding officers and Commander, CG Activities Europe shall ensure compliance with this instruction.
9. FORMS AVAILABILITY. The Report of Potential Third Party Liability, CG-4899 (10-91), RCN 6000-2, is attached as enclosure (1) and may be locally reproduced.

MICHAEL HUDGINS  
Chief, Office of Health and Safety

Encl: (1) Form CG-4899 (10-91), Report of Potential Third Party Liability

DEPARTMENT OF  
TRANSPORTATION  
U S COAST GUARD  
CG 4899 (Rev 10-91)

## REPORT OF POTENTIAL THIRD PARTY LIABILITY

**INSTRUCTIONS** Complete all blocks to the best of your knowledge. If unknown or not applicable, leave blank. Mail original to Commandant (G-KRM-1) and a copy to appropriate MLC(s).

### SECTION 1 - IDENTIFICATION OF INJURED PERSON

A. NAME (Last, First and Middle Initial)	B. SSAN	C. RANK/RATE	D. WORK TELEPHONE ( ) FTS ( ) COMM ( )
E. HOME ADDRESS (include zip code)		F. DATE OF BIRTH	G. HOME TELEPHONE ( )
H. STATUS OF BENEFICIARY [ ] active duty [ ] reserve [ ] retired [ ] dependent (complete Section 2 below) [ ] auxiliary		I. UNIT NAME	J. BRANCH OF SERVICE

### SECTION 2 - IDENTIFICATION OF SPONSOR (complete only if injured person is a dependent, otherwise, leave blank)

A. NAME (Last, First and Middle Initial)	B. SSAN	C. RANK/RATE	D. WORK TELEPHONE ( ) FTS ( ) COMM ( )
E. HOME ADDRESS (include zip code)		F. HOME TELEPHONE ( )	
G. STATUS OF SPONSOR [ ] active duty [ ] retired [ ] reserve		H. UNIT NAME	I. BRANCH OF SERVICE

### SECTION 3 - ACCIDENT DATA

A. ACCIDENT INFORMATION (include zip code with addresses) [ ] automobile (city/state) [ ] job related (employers name/address) [ ] property related (owners name/address)	B. DATE AND TIME
C. BRIEFLY DESCRIBE THE ACCIDENT (include who caused the injury and how it happened)	

### SECTION 4 - ATTORNEY INFORMATION

A. NAME OF YOUR ATTORNEY	B. ADDRESS (include zip code)	C. TELEPHONE NUMBER ( )
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### SECTION 5 - AMBULANCE SERVICE

A. NAME OF AMBULANCE SERVICE	B. ADDRESS (include zip code)	C. TELEPHONE NUMBER ( )
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Mail To:  
Commandant (G-KRM-1)  
U S Coast Guard  
2100 2nd Street S.W  
Washington, DC 20593-0001

#### PRIVACY ACT STATEMENT

Sections 2651-2653 of Title 42 to the U S Code authorize collection of this information. Furnishing the Social Security No. is empowered by Exec Order 9397 and is mandatory to identify authorized beneficiaries. This information is principally used to document incidents that lead to injured party(ies) receiving medical care at the expense of the U S Coast Guard. Routine uses include lawful enforcement and investigations for recovery from third party liability. If the requested information is not furnished, recovery of Federal funds may be hampered, possibly limiting continued delivery of comprehensive health care.

**SECTION 6 - MOTOR VEHICLE ACCIDENT (DATA PERTAINING TO VEHICLE IN WHICH YOU WERE DRIVING OR RIDING)**

A. NAME OF DRIVER Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. HOME ADDRESS (include zip code)	C. WORK TELEPHONE <input type="checkbox"/> FTS <input type="checkbox"/> COMM ( )
D. NAME OF OWNER Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. YEAR/MAKE/MODEL OF AUTOMOBILE	F. LICENSE PLATE NUMBER
G. OWNER'S INSURANCE COMPANY AND POLICY NUMBER	H. ADDRESS (include zip code)	I. TELEPHONE NUMBER ( )
J. NAMES OF INJURED PASSENGER(S)	K. ADDRESS(ES) (include zip code)	L. TELEPHONE NUMBER(S) ( )
		( )

**(DATA PERTAINING TO OTHER VEHICLE)**

M. NAME OF DRIVER Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	N. ADDRESS (include zip code)	O. TELEPHONE NUMBER ( )
P. NAME OF OWNER Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q. YEAR/MAKE/MODEL OF AUTOMOBILE	R. LICENSE PLATE NUMBER
S. OWNER'S INSURANCE COMPANY AND POLICY NUMBER	T. ADDRESS (include zip code)	U. TELEPHONE NUMBER ( )

**SECTION 7 - ALL OTHER ACCIDENTS (DATA PERTAINING TO INSURANCE OTHER THAN AUTOMOBILE)**

A. RESPONSIBLE PARTY'S INSURANCE COMPANY AND POLICY NUMBER	B. ADDRESS (include zip code)	C. TELEPHONE NUMBER ( )
D. TYPE OF INSURANCE <input type="checkbox"/> Home Owners <input type="checkbox"/> Personal Medical Insurance <input type="checkbox"/> Workers Compensation		
E. INJURED PARTY'S INSURANCE COMPANY AND POLICY NUMBER	F. ADDRESS (include zip code)	G. TELEPHONE NUMBER ( )
H. TYPE OF INSURANCE <input type="checkbox"/> Home Owners <input type="checkbox"/> Personal Medical Insurance <input type="checkbox"/> Workers Compensation		

**SECTION 8 - MILITARY/CIVILIAN HOSPITALIZATION**

A. NAME OF HOSPITAL(S)	B. ADDRESS(ES) (include zip code)	C. DATE(S) OF TREATMENT From To	D. PAYMENT MADE BY <input type="checkbox"/> Self <input type="checkbox"/> Insurance <input type="checkbox"/> CHAMPUS
		From To	<input type="checkbox"/> Self <input type="checkbox"/> Insurance <input type="checkbox"/> CHAMPUS

**SECTION 9 - MILITARY/CIVILIAN DOCTORS/DENTISTS**

A. NAME OF DOCTOR(S)	B. ADDRESS(ES) (include zip code)	C. DATE(S) OF TREATMENT From To	D. PAYMENT MADE BY <input type="checkbox"/> Self <input type="checkbox"/> Insurance <input type="checkbox"/> CHAMPUS
		From To	<input type="checkbox"/> Self <input type="checkbox"/> Insurance <input type="checkbox"/> CHAMPUS
		From To	<input type="checkbox"/> Self <input type="checkbox"/> Insurance <input type="checkbox"/> CHAMPUS

E. IS TREATMENT COMPLETE? ☐ YES ☐ NO IF NO WHEN DO YOU EXPECT IT TO BE COMPLETE? \_\_\_\_\_